

2750

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Pinal (b) City or Town Oracle (c) Location Private Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community July 1 - Aug 19/42; In Arizona Since June 1 - ?
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Michigan; (b) County Wayne; (c) City or Town Detroit
(If outside city limits also write RURAL)

(d) Street No. 1843 Warrington Drive -; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Helen Hynault McLennan (b) If veteran _____ name war _____ (c) Social Security No. _____ (If NONE write the word) none

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>widowed</u>
6. (b) Name of husband or wife <u>William N. McLennan</u>		6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased <u>Dec - 19 1872?</u> (Month) (Day) (Year)		
8. AGE: Years <u>70</u>	Months <u>8</u>	Days <u>0</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>Elmira New York</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business <u>Home -</u>		
12. Name <u>Hynault</u>		
13. Birthplace _____ (City, town or county) (State or Country)		
14. Maiden Name <u>?</u>		
15. Birthplace <u>?</u> (City, town or county) (State or Country)		
16. (a) Informant's own signature <u>Mary M. Street</u>		
(b) Address <u>1843 Warrington, Detroit, Mich</u>		
17. (a) Burial, Cremation or Removal <u>Removal Tucson, Ariz.</u>		
(b) Place <u>Tucson, Ariz.</u> (c) Date <u>Aug. 19, 1942</u>		
18. (a) Embalmer's Signature <u>Howard A. Brink</u>		
(b) Funeral Director <u>Howard A. Brink</u>		
(c) Address <u>Brink's Funeral Home</u>		
19. (a) <u>Aug 19 Tucson, Ariz.</u> (Date received local Registrar)		
(b) <u>J. J. Lawson</u> (Registrar's Signature)		

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 19, 1942
TIME (Hour and minute) 6.55 P. M.

21. I hereby certify that I attended the deceased from Time of death
August 19, 1942 to same - 7:30 P. M.
that I last saw her alive on Aug 19 - 6.55 P. M., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Cancer (Carcinoma)
Due to Heart Failure - exhaustion

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. Cody Marshall M. D.
Address Oracle, Arizona Date signed Aug 19, 1942

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.